ADVANCED CARE VETERINARY HOSPITAL
12443 POWAY ROAD, POWAY, CA 92064
P: 1-858-486-8860 F: 1-858-486-0810

DATE OF APPT:
TIME OF APPT:
DVM:

Problem Examination History

Date: ____	Pet's Name: ____________________________________
Owner's name: _______________________________	Canine or Feline: _______________________________
Phone Number: _______________________________	Color/Breed: ___________________________________
Person(s) that will be bringing in pet: _____________	Date of birth or Age: _____________________________
____	Weight (if known): _______________________________

Please list your primary reason for visit today: ____
____
____

When did you first notice the concern?: ______________________________________ Onset: **sudden/slow**

Has the concern improved, remained the same, or worsened since you first noticed it?: _______________________
____

On a scale of 1-10, with 10 being the most uncomfortable, how uncomfortable is your pet? ________________

Have you had any diagnostic tests done elsewhere? If so, where? ______________________________________
____

Any previous injuries, illnesses or surgeries?:____

Any vomiting, diarrhea, coughing or sneezing?: ____
____

Urinating and defecating ok? Normal consistency and amount?: ______________________________________
____

Eating and drinking ok? Have you noticed any changes in their eating/drinking habits?: ___________________
____

Is their activity level normal?: ____

What is their lifestyle like? (indoor, outdoor, parks, beaches, hiking, grooming, boarding or traveling)? If traveling, where to?: ____

Any weight change (loss/gain) that you have noticed?: ____

List any prescription medications, flea/heartworm/tick prevention or supplements your pet is currently taking (please include frequency and dose given [ie: 1 tablet twice a day]) ____________________________________

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When were the medications last given [ie: last night at 6pm, this morning at 8am]? ______________________________

What does your pet eat? (food, treats, dental care, human food, etc.): ____

____

Any known allergies to food, medications, environmental, etc? If so, explain:_____________________________________

____